boy, then aged fifteen years, was first attacked when one year old, but the second attack did not occur until the age of seven, since which time an attack came every nine or ten months. The left eye was affected, and an intense headache occurred on that side. There were slight ptosis, dilated pupil, and complete paralysis of the external muscles supplied by the third nerve.

SUPERNUMERARY CARUNCLE.

SIDNEY STEPHENSON (London) reports (*Ophthal. Review*, No. 171) this condition occurring in a girl, aged eleven years. It presented on the right lower lid as a small reddish growth, oval, about as large as a hemp-seed, with a granular surface, lying behind the inferior canaliculus; but was not connected with the caruncle. No change was observed in it during six months she was under observation. It was then snipped away; and, examined microscopically, was found to consist of epidermic and dermic tissue, the latter containing hair follicles, sebaceous glands, and muscular fibres. He had been unable to find any case previously reported.

EYE-LESIONS IN MYXŒDEMA.

P. A. CALLAN (New York), discussing the ocular conditions presented by patients with this disease, states (*Trans. of the Amer. Ophthal. Soc.*, vol. vii. page 391) that the prominent symptoms are lacrymation, due to the swelling of the lids, and an appreciable amount of corneal anæsthesia.

Referring to the statement of Hamilton, "that the fundus oculi presents a peculiar tumefied appearance and choked disk is occasionally found," he says that in four cases repeatedly observed there were no such lesions. One of his patients, after treatment for two years with thyroid extract, had developed a typical albuminuric retinitis.

DETACHMENT OF THE RETINA.

R. B. DUNCAN (Melbourne) concludes, with reference to retinal detachment (*Australian Medical Journal*, vol. xvii. No. 12), that it is impossible for it to occur in a perfectly healthy eye. Disease of the retina itself, as a rule, precedes any detachment. Vitreous changes in the form of fibrillary alterations, with or without retraction, are invariably present, and are generally antecedent to the retinal changes and detachment. In idiopathic cases the retraction of the vitreous is the primary cause of the retinal detachment. In traumatic cases, while the retinal detachment may suddenly occur, it is only possible when some anterior changes have occurred in the vitreous. Retinal ruptures are common to the great majority of retinal detachments.

TREATMENT OF ULCERS OF THE CORNEA.

E. W. WOOD WHITE, in the Middlemore lecture (*Birmingham Medical Review*, vol. xxix. No. 1), deals chiefly with the treatment of ulcers of the cornea. He thinks the protective bandage should generally be adopted to prevent irritation of the surface; but that it is contraindicated where there is considerable conjunctival discharge and irritation, in sloughing ulcers secondary to lacrymal disease, and in young children. After corneal perforation he would use the pressure-bandage. Mydriatics are of great assistance in a large proportion of cases. For painful superficial ulcers he prefers the mydriatic dissolved in vaseline or castor oil, rather than water. Of drugs of this class he has found the hydrochlorate of scopolamin most satisfactory.

If the ulcer is extending, more active treatment is necessary. For this, he says, "the galvano-cautery has been universally used with splendid results." It is not necessary to cauterize the whole ulcer, but the advancing margin must be thoroughly destroyed. After cauterization he fills the ulcer with finely powdered iodoform or iodol. Scraping the ulcer, the dropping upon it of water heated to 150° and daily applications of carbolic acid, formalin, or a saturated solution of mercuric chloride, are mentioned. He believes that only in rare instances is eserine the best drug to use, and that it had better be avoided by those whose experience is not large. For rapidly spreading ulcers with hypopyon, paracentesis of the cornea, with or without the entire removal of pus from the anterior chamber, or the Saemisch incision, may be resorted to.

Regarding subconjunctival injections, he finds weak solutions of mercuric chloride, 1 to 4000, less painful than strong solutions and equally effective, but that probably the best agent for this use is a 4 per cent. solution of common salt.

The branching ulcer of so-called dendriform keratitis generally requires touching with the cautery or scraping. The absorption or faceted ulcer demands tonics and nourishing food; so does keratomalacia.

NON-EXISTENCE OF A SEPARATE CORTICAL COLOR-CENTRE.

Ward A. Holden (New York) (*Archives of Ophthalmology*, vol. xxiv. No. 4) opposes the view that color-perception is connected with a cortical centre distinct from that for the perception of form, by a series of observations made on cases of hemichromatopsia. He had one-centimetre squares of pale green, saturated red, and saturated blue placed on gray, cards having the same light-intensity as the colors. Three gray patches were then prepared on a white ground having such intensity that each gray patch was seen throughout as large a field as one of the color-squares. He also had three black dots of different sizes on a white ground, each of which had a normal field also corresponding to one of the color-squares. In the normal eye the black dot, gray patch, and corresponding color were seen over equal fields; and the same relation was found to hold good in most cases of amblyopia.

In three cases of hemianopsia for colors it was found that where the colors were not seen, neither the corresponding dots nor the gray patches could be recognized. He therefore concludes that the slight interference with conduction of any of the fibres of the visual tract leads to inability to recognize green, or even red, or to distinguish slight differences in luminous intensity; that a greater interference with conduction prevents the distinguishing of white from black; that the recognition of color varies with the light-sense; and, therefore, the assumption of the involvement of a particular cortical centre in cases of hemichromatopsia is unnecessary and erroneous.